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## \*BIBDATASHEET\*

Bib Data Sheet

CONFIRMATION NO. 9992

<b>SERIAL NUMBER</b> 08/448,727	<b>FILING OR 371(c) DATE</b> 05/24/1995 <b>RULE</b> 1.60	<b>CLASS</b> 424	<b>GROUP ART UNIT</b> 1631	<b>ATTORNEY DOCKET NO.</b> D-242-CIP-C-	
<b>APPLICANTS</b> WALTER N. BURNETTE III, THOUSAND OAKS, CA;					
<b>** CONTINUING DATA *****</b> This application is a DIV of 08/034,460 03/18/1993 ABN which is a CON of 07/232,482 08/17/1988 ABN which is a CIP of 07/094,307 09/04/1987 ABN					
<b>** FOREIGN APPLICATIONS *****</b>					
<b>IF REQUIRED, FOREIGN FILING LICENSE GRANTED</b> <b>** 06/28/1995</b>					
Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged <u>                    </u> Examiner's Signature <u>                    </u> Initials		<b>STATE OR COUNTRY</b> CA	<b>SHEETS DRAWING</b> 11	<b>TOTAL CLAIMS</b> 26	<b>INDEPENDENT CLAIMS</b> 7
<b>ADDRESS</b> 21069					
<b>TITLE</b> MODIFIED PERTUSSIS TOXIN					
<b>FILING FEE RECEIVED</b> 1166	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue ) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit _____		



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## APPLICANTS

WALTER N. BURNETTE III, THOUSAND OAKS, CA;

## \*\* CONTINUING DATA \*\*\*\*\*

This application is a DIV of 08/034,460 03/18/1993 ABN 3/4/97; *which is* 07/232,182 8/17/88 ABN 3/26/93  
 which is a CIP of 07/094,307 09/04/1987 ABN 1/3/91.

## \*\* FOREIGN APPLICATIONS \*\*\*\*\*

*See chain of dependency.*

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\*\* 06/28/1995

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35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged	Examiner's Signature	Initials		

## ADDRESS

21069  
 AMGEN INC.  
 MAIL STOP 27-4-A  
 ONE AMGEN CENTER DRIVE  
 THOUSAND OAKS, CA  
 91320-1799

## TITLE

RECOMBINANT DNA-DERIVED BORDETELLA TOXIN SUBUNIT ANALOGS

FILING FEE  RECEIVED 1166	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees ( Filing ) <input type="checkbox"/> 1.17 Fees ( Processing Ext. of time ) <input type="checkbox"/> 1.18 Fees ( Issue )
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